



**Title V Operating Permit
ANNUAL COMPLIANCE CERTIFICATION**

The Title V Permit Program requires that each Title V permit holder submit an annual compliance certification to certify its compliance status with all permit conditions as required by 40 CFR 70.6 (c) (5). The compliance certification period is January 1 through December 31 and the report must be submitted no later than April 15 of the following calendar year.

Part 1 - Facility Information and Certification

*(This form, or the equivalent information, is required with **all** Annual Compliance Certification submittals.)*

Facility Name: _____

Facility Location: _____

Title V Permit Number: TV-OP- Permit Issuance Date: _____

Reporting Period - Start Date: _____ End Date: _____

	Responsible Official	Permit Contact Person
Name		
Title		
Mailing Address		
Phone Number		
Fax/email		

Does the above information **differ** from what is indicated on your Title V Permit? Yes ☐ No ☐

STATEMENT OF CERTIFICATION OF COMPLIANCE

"I am authorized to make this submission on behalf of the facility for which the submission is made. Based on information and belief formed after reasonable inquiry, I certify that the statements and information in the enclosed documents are to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment."

Signature of Responsible Official

Title of Responsible Official

Print Name of Responsible Official

Date Signed



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Part 2 - Listing of Compliance Status for Applicable Permit Terms and Conditions

*(This form, or the equivalent information, is required with **all** Annual Compliance Certification submittals).*

Facility Name: _____ **Reporting Period - Start Date:** _____ **End Date:** _____

(1) Permit Condition #	(2) Summary of Permit Condition Requirements	(3) Compliance Status	(4) Monitoring Frequency	(5) Monitoring Method (see below)	(6) Summary of Deviations (Complete Part 3 of this report if deviations have not been already reported to NHDES)
		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not in compliance	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not in compliance	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not in compliance.	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not in compliance	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not in compliance	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Not in compliance	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		

Attach additional pages as needed. Indicate multiple pages as Page ____ of ____.

Monitoring Method Abbreviations: Recordkeeping Requirements (RR), Source Testing (ST), Continuous Emissions Monitoring (CEMS), Continuous Opacity Monitoring (COMS), Continuous Fuel Monitoring (CFM), No Visible Emissions (NVE), Opacity Observations (OP), and Operation & Maintenance Plans (OMP).



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Part 3 - Deviation Report

*(This form, or the equivalent information, is required **only** if deviations occurred during the reporting period and have not been reported previously).*

Facility Name: _____ **Reporting Period - Start Date:** _____ **End Date:** _____

(1) Permit Condition #	(2) Device (if appl.)	(3) Emission Increase?	(4) Pollutant (if appl.)	(5) Deviation Description	(6) Deviation Date	(7) Deviation Duration	(8) Cause of Deviation	(9) Corrective Action
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						

Attach additional pages, as needed. If more than one page is submitted, indicate Page ____ of ____



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Part 4 - Additional Reports Summary

*(This form is **optional**. Use this form to reference **other** submittals during the reporting period that contain information required by this annual report).*

Facility Name:_____ **Reporting Period - Start Date:**_____ **End Date:**_____

Does the facility submit some of the information necessary to be included in this certification on a more frequent basis (i.e. quarterly, semi-annually) in other reports to NHDES?

Yes ☐ No ☐

[If you answered "Yes", please **attach** a copy of the report, or complete the table below]

Type of Permit-Required Report	Reporting Period	Date Report Submitted	Information Required by the Annual Compliance Certification

Attach additional pages, if needed. If more than one page is submitted, indicate Page____ of ____

Examples of reports to be listed here may include, but are not limited to, the following:

- ◆ Title V Semi-Annual Monitoring and Permit Deviation Report
- ◆ Quarterly CEMS and/or COMS excess emission reports
- ◆ NSPS, NESHAP and/or MACT standard reporting requirement
- ◆ Title V specific permit recordkeeping and reporting requirements

NOTE: The cover page of each reporting submittal to DES must list the reporting requirements being met by the report or reports included in the submittal.